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FILED

Feb 03 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 738776 (4)

1. Corporation Name

DEL MAR VILLAGE, SECTION 1, HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

7267 SAN SEBASTIAN DR  
BOCA RATON FL 33433  
US

P.O. BOX 3690  
BOCA RATON FL 33427  
US

3. Date Incorporated or Qualified

04/21/1977

4. FEI Number

59-2102366

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☒ Yes

☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DANKO, DAVID  
7174 SAN SEBASTIAN DR  
DEL MAR VILLAGE, SECTION 1, HOMEOWNERS ASC  
BOCA RATON FL 33433

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME KLEIN, ANTON  
STREET ADDRESS 7033 SAN SEBASTIAN CIRCLE  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE TD  
NAME ESTES, DON  
STREET ADDRESS 7267 SAN SEBASTIAN DR  
CITY-ST-ZIP BOCA RATON FL

☐ DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE SD  
NAME LAVIN, KERRIE  
STREET ADDRESS 7054 SAN SEBASTIAN CIR  
CITY-ST-ZIP BOCA RATON FL 33433

☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE PD  
NAME DANKO, DAVID  
STREET ADDRESS 7174 SAN SEBASTIAN DR  
CITY-ST-ZIP BOCA RATON FL 33433

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE VD  
NAME MADISON, DAVID  
STREET ADDRESS 7273 SAN SEBASTIAN DR  
CITY-ST-ZIP BOCA RATON FL 33433

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change

☐ Addition

TITLE D  
NAME O'KEEFE, KAREN  
STREET ADDRESS 7267 SAN SEBASTIAN DR  
CITY-ST-ZIP BOCA RATON FL 33433

☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Donald E. Estes DONALD E. ESTES 1/27/98 561 395-8969

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/97)